Assicurazioni Generali S.p.A. Hong Kong Branch

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info@generali.com.hk generali.com.hk





忠意旅遊保投保書

BRAVO TRAVEL PROTECTOR PROPOSAL FORM

				曲部	情人資料 Applicant Details (請	以茁文值窗 Please fi	ill in English)				
保單持有人姓名				香港身份證號碼							
Name of Policyholder				H.K.I.D No.							
香港通訊地址 Correspondence	Addres	s in HK	(
聯絡電話 Contact No.				電郵地址 E-mail Address							
				旅遊資料 Trip Details							
				□ 全年旅遊計劃 Annual Travel Plan □ 單次旅遊計劃 Single Trip Travel Plan							
保險計劃 Plan Selected					□ 尊貴 Premier	□ 優越 Classic	□ 標準 Standard				
保險類別 Premium Plan					□ 個人 Individual	口 個人及子女 Individual & Children (只適用於單次旅遊計劃 Only for Single Trip Travel Plan)		□ 家庭 Family			
旅程目的地 Destination (只適用於單次旅遊計劃 Only for Single Trip Travel Plan)				由 香港 From Hong Kong		至 to					
旅遊期限 Period of Travel (只適用於單次旅遊計劃 Only for Single Trip Travel Plan)				由 From	日dd / 月mm / 年yy	至 to 日dd /	/ 月mm / 年yy	共 Total		日 no. of day(s)	
生效日期 Effective Date (只適用於全年旅遊計劃 Only for Annual Travel Plan)				日dd / 月mm / 年yy							
受保人資料 Insured Persons Details											
							(只適用於全年加	全年旅遊計劃 Only for Annual Travel Plan)			
姓名 Name	出生日期(日 / 月 / 年 Date of Birth (dd/ m			香港身份證號碼 H.K.I.D. No.	申請人之關係 Relationship with Applicant	職業 Occupation	中國醫療味證垢 China Medical Re-entry P		回鄉證號碼 / 旅遊證件號碼 Re-entry Permit No./Passport No.		
1.											
2. 3.											
4.											
保費計算	基本計劃 Basic Plan							HKD			
Premium Calculation	星級郵輪附加保障 Additional Cruise Benefits (只適用於單次旅遊尊貴計劃 Only for Single Trip Travel Premier Plan)							HKD			
中國醫療保證店 China Medical Guarantee Card (只適用於全年旅遊計劃 Only for Annual Travel F								HKD			
保費需與投保書一併遞交。支票抬頭請付: Please make payment together with the proposal. Cheque should be made payable to: "Assicurazioni Generali S.p.A." 【保費合共 Total Premium									HKD		
註:受益人乃根據香港法例之合法承繼人。Remark: Beneficiary shall be the Legal Estate under the Hong Kong Ordinance.											
任何人知情地及蓄意欺騙保險公司或第三者,提供虛假或隱瞞任何有關資料以投保保險及騙取保險,均屬違法。 投保書上的簽署並不代表保險已告生效,若簽署人同意保單獲簽發,此投保書及所有附件將為合約的基礎並成為保單的一部份。本公司現獲授權於必要時調查及詢問 與投保書有關的事項。											
Any person who, knowingly and with intent to defraud any insurance company or other person, files a proposal for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime. The signing of this proposal does not bind the undersigned to effect insurance, the undersigned agrees that this proposal and its attachments shall be the basis of the contact should a policy be issued and shall be deemed to be attached to and shall form part of any such policy. The Company is hereby authorized to make any investigation and enquiry in connection with the proposal that it deems necessary. 此保險申請須持保險公司覆核,接納投保書及繳訖保費後才能生效。											
This insurance application will not be in force until it has been underwritten by the Company and the premium has been paid.											
聲明 Declaration											
本人 / 吾等聲明本身 / 吾等健康良好並同意任何已存在的損傷或疾病均不在承保之列。此外,本旅遊之目的並非醫療。本人 / 吾等聲明上述資料均屬正確無訛。本人 / 吾等同意忠意保險有限公司收集、持有本人/ 吾等之個人資料以供忠意保險有限公司諮詢、聯絡及提供可能本人/ 吾等有利之資料。 I/ We hereby declare that I am/We are in good health and agree that any pre-existing conditions will not be covered under this insurance. Furthermore, obtaining medical treatment is not a purpose of this trip. I/ we further declare that all the above information is true to the best of my/our knowledge. I/ we consent that the personal information collected or held by Assicurazioni Generali S.p.A. is provided and may be held, used and disclosed to enable Generali for reference, communication and provide information believed may be of my/our interest.											
申請人簽署 Applie	cant Sig	gnature		日期 Date	е	公司專用 For Office]專用 For Office/Broker Use				
申請人明白、確知	及同意.	忠意保険	会有限2	司會就申	請人購買及接受其簽發保單,於	保單有效期內(包括	續保期) 向負責安排	有關保單的	勺獲授權保	險經紀支付佣金。假	

中間分別は「唯和及问念心态心族性情報公司首称中間分別的 如申請人為法人團體,代表申請人簽署的獲授權人員須向忠意保險有限公司確認他/ 她已獲該法人團體授權。 申請人亦明白忠意保險有限公司必須取得申請人的同意,才可以處理其保險申請。

The applicant understands, acknowledges and agrees that, as a result of the applicant purchasing and taking up the policy to be issued by Assicurazioni Generali S.p.A. Assicurazioni Generali S.p.A. will pay the authorized insurance broker commission during the continuance of the policy including renewals, for arranging the said policy. Where the applicant is a body corporate, the authorized person who signs on behalf of the applicant further confirms to Assicurazioni Generali S.p.A. that he or she is authorized to do so.

®

Sun Flower Insurance Brokers Limited

Room 1105-08, Hing Yip Commercial Centre, 282 Des Voeux Road Central, Hong Kong
Tel: 2521 1881 Fax: 2521 1919 Email: vip@sunflowergroup.com.hk www.sunflowerVIP.co

Thank you for considering Sun Flower to be one of your selected intermediaries.

We are pleased to get in touch should you have any enquiry regarding the captioned insurance.

收集個人資料聲明

- a) 閣下須要不時向忠意人壽(香港)有限公司/忠意保險有限公司香港分行〔如適用〕(「本公司」)提供關於閣下自己、保單持有人、受保人、受益人、索償人及/或其他有關人士的資料(「個人資料」),以讓本公司為閣下提供保險及/或相關產品與服務,處理經由本公司發出及/或安排的保單之下的索償事宜,及/或處理閣下提出的任何或所有其他要求、查詢和投訴。
- b) 閣下是自願向**本公司**提供**個人資料**的。然而,若閣下未能提供**個人資料**,可能導致**本公司**不能夠為閣下提供保險及/或相關產品與服務,處理經由**本公司**發出及/或安排的保單之下的索償事宜,及/或處理閣下提出的任何或所有其他要求、查詢和投訴。
- c) 個人資料可被用於以下用途:i) 處理閣下的保險申請,安排並執行保險合約,並管理閣下在本公司的賬戶;ii) 客戶服務及其他相關活動;iii) 進行資料核對程序;iv) 設計保險及/或相關產品與服務供客戶使用;v) 推銷本公司及/或本母公司及本集團的公司(下文合稱為「集團實體」)的保險及/或相關產品與服務;vi) 就閣下事前訂明的允許(如有)約束之下,直接促銷保險及/或其他相關產品與服務,而閣下可在任何時間知會本公司以行使撤回允許的權利;vii) 本公司、本集團實體、保險業協會或聯會、政府部門及/或監管機構的統計或精算研究;viii) 遵從任何法律、規則、規例、守則、指引、法院命令、合規政策和程序的規定,以及本公司及/或本集團實體應要遵守的任何其他有關規定,包括但不限於對客戶進行盡職審查及披露有關資料;及ix) 實現與上述(i)至(viii)直接有關的任何其他用途。
- d) 由本公司持有的個人資料將受到保密,但本公司可依據以上(c)段所列的用途向以下各方(不論在香港特別行政區境內還是境外)提供個人資料,事前無須知會閣下及/或該等個人資料所涉及的任何其他有關人士:i)與本公司的業務營運相關的中分人、索償服務提供商、共同保險公司、再保險公司、銀行及信用卡公司、健康及醫療機構、業務夥伴及/或任何其他有關各方,以適用者為準,向本公司提供行政、電訊、電腦、付款、推銷、調查、諮詢及/或其他服務;ii)相關的保險業協會或聯會,及/或該等協會或聯會的成員;iii)本公司及/或本集團實體的海外辦事處,以適用者為準;iv)根據上述(c)(iii)的規定,本公司及/或本集團實體負有義務須向其作出披露的人士;v)根據任何法律約束之下,本公司及/或本集團實體負有其提供資料的任何法院、政府部門或監管機構(包括但不限於稅務局、保險業監管機構等);vi)本公司的合法繼承人或受讓人;及vii)對本公司及/或本集團實體負有保密責任的人士。
- e) 本公司可使用由相關的保險業協會或聯會及/或該等協會或聯會的成員所收集及發放或轉移的資料,來核實任何或所有個人資料。
- f) 根據《個人資料(私隱)條例》:
 - i) 任何人士均有權:
 - A) 查詢**本公司**有沒有持有其資料,如有的話,可取得一份該等資料;
 - B)要求**本公司**改正其任何不正確的個人資料;及
 - C) 查明關於**本公司的個人資料**政策和處事常規,並可獲通知有關**本公司**所持個人資料的種類;及
 - ii) **本公司**有權就處理任何查閱**個人資料**的要求之下收取合理的費用。
- g) 如欲查閱及/或改正個人資料及/或查詢關於本公司的政策和處事常規及所持個人資料的種類,請向以下人員提出要求:

個人資料保護主任

忠意人壽(香港)有限公司或忠意保險有限公司香港分行〔如適用〕

香港英皇道1111號太古城中心一期21樓

Personal Information Collection Statement

- a) From time to time, it is necessary for you to supply Generali Life (Hong Kong) Limited / Assicurazioni Generali S.p.A. Hong Kong Branch (where applicable) (the "Company") with data about yourself(ves), policyholder(s), life insured(s), beneficiary(ies), claimant(s), and/ or other relevant individuals (the "Personal Data") in connection with the provision of insurance and/ or related products and services to you, the processing of claims under insurance policies issued and/ or arranged by the Company, and/ or the processing of any or all other requests, enquiries and complaints from you.
- b) Provision of the **Personal Data** to the **Company** by you is voluntary. However, failure to supply the **Personal Data** may result in the **Company** being unable to provide insurance and/or related products and services to you, process claims under insurance policies issued and/or arranged by the **Company**, and/or process any or all other requests, enquiries, or complaints from you.
- c) The purposes for which the **Personal Data** may be used are as follows: i) processing your insurance application, arranging and executing insurance contract, and managing your account with the **Company**; ii) customer services and other related activities; iii) conducting data matching procedures; iv) designing insurance and/ or related products and services of the **Company** and/ or its parent company and group companies (hereinafter referred to as the "**Group Entities**"); vi) direct marketing of insurance and/ or other related products and services subject to your prior prescribed consent (if any), and you can exercise the right of opt-out by notifying the **Company** at any time; vii) statistical or actuarial research of the **Company**, its **Group Entities**, insurance industry associations or federations, governments and/ or regulatory entities; viii) complying with the requirements under any laws, rules, regulations, codes, guidelines, court orders, compliance policies and procedures, and any other relevant requirements which the **Company** and/ or its **Group Entities** are expected to comply with, including, without limitation, performing due diligence on customers and making disclosures of the relevant information; and ix) fulfilling any other purposes directly relating to (i) to (viii) above.
- d) The **Personal Data** held by the **Company** shall be kept confidential, but the **Company** may provide the **Personal Data** to the following parties (whether within or outside the Hong Kong Special Administrative Region) for the purposes set out in paragraph (c) above, without prior notification to you and/ or any other relevant individuals to whom the **Personal Data** is related: i) intermediaries, claims service providers, coinsurers, reinsurers, banks and credit-card companies, health and medical organizations, business partners, and/ or any other relevant parties, as appropriate, who provide administrative, telecommunication, computer, payment, marketing, investigation, advisory and/ or other services to the **Company** in connection with the operation of its business; ii) relevant insurance industry associations or federations, and/ or members of such industry associations or federations; iii) overseas locations, as appropriate, of the **Company** and/ or its **Group Entities**; v) persons to whom the **Company** and/ or its **Group Entities** are under an obligation to make disclosure under the requirements as mentioned in (c) (viii); v) any court, government or regulatory entity (including, without limitation, tax authority, insurance authority, etc.) under any laws binding on the **Company** and/ or its **Group Entities**; vi) lawful successors or assigns of the **Company**; and vii) persons who owe a duty of confidentiality to the **Company** and/ or its **Group Entities**.
- e) The **Company** may verify any or all of the **Personal Data** by using information collected and released or transferred by relevant insurance industry associations or federations, and/ or members of such industry associations or federations.
- f) In accordance with the Personal Data (Privacy) Ordinance:
 - i) any individual has the right to:
 - A) check whether the Company holds data about him/ her and, if so, obtain a copy of such data;
 - B) require the **Company** to correct any data relating to him/ her that is inaccurate; and
 - C) ascertain the Company's policies and practices in relation to data and to be informed of the kind of data held by the Company; and
 - ii) the **Company** has the right to charge a reasonable fee for the processing of any data access reguest.
- g) The person to whom requests for access to data and/ or correction of data and/ or for information regarding policies and practices and kinds of data held are to be addressed as follows:

Personal Data Protection Officer,

Generali Life (Hong Kong) Limited / Assicurazioni Generali S.p.A. Hong Kong Branch (where applicable)

21/F, Cityplaza One, 1111 King's Road, Taikoo Shing, Hong Kong.